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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2288

CERTIFICATE OF DEATH

REGISTRAR'S NO. 29

3 14 15 5	DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Cocconino</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Cocconino</u>			
		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Flagstaff</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Flagstaff</u>			
		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>29 yrs. 29 yrs.</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>315 W. Aspen</u>			
		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>315 W. Aspen</u>					
2 1 154 4 449	IDENT ONAL TA	3. NAME OF DECEASED A. (FIRST) <u>Geneva</u> B. (MIDDLE) <u>Yarnell</u> C. (LAST) <u>Yarnell</u>			4. SEX <u>Female</u>	5. COLOR OR RACE <u>White</u>	
		6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Housewife</u>		
		7. DATE OF BIRTH MONTH <u>April</u> DAY <u>29</u> YEAR <u>1914</u>			8. AGE YEARS <u>34</u> MONTHS <u>11</u> DAYS <u>11</u>		
		9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas</u>		
153X 0 181 P	USE F ATH A	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		
		13. SOCIAL SECURITY NO. <u>Unknown</u>			14A. FATHER'S NAME <u>James Lester</u>		
		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>			15A. MOTHER'S MAIDEN NAME <u>Mac Reta Mitchell</u>		
		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>			16. INFORMANT'S SIGNATURE <u>Harry Yarnell</u>		
TIONS, OPSY TH TO RNAL ENCE	ICAL ONER'S CATION	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April</u> <u>10</u> <u>1949</u>				18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.	
		19A. DATE OF OPERATION <u>?</u>				19B. MAJOR FINDINGS OF OPERATION <u>SAME (DR. CARLSON - COTTONWOOD.)</u>	
		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <u>?</u>				21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>?</u>	
ERAL CTOR ND TRAR	ERAL CTOR ND TRAR	21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Flagstaff</u> <u>Coconino</u> <u>Arizona</u>				21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY <u>?</u>	
		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR? <u>?</u>	
		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>28 MAR</u> 19 <u>49</u> TO <u>10 APRIL</u> 19 <u>49</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>10 APRIL</u> 19 <u>49</u> , AND THAT DEATH OCCURRED AT <u>5:20 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				23. DATE SIGNED <u>15 April 49</u>	
		23A. SIGNATURE <u>D.W. Gutteridge, Jr.</u>				23B. ADDRESS <u>Flagstaff - Ariz.</u>	
ERAL CTOR ND TRAR	ERAL CTOR ND TRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>				24B. DATE <u>April 13, 1949</u>	
		24C. NAME OF CEMETERY OR CREMATORY <u>Citizens Cemetery</u>				24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Flagstaff, Arizona</u>	
		25A. DATE REC'D BY LOCAL REG. <u>4-15-49</u>				25B. REGISTRAR'S SIGNATURE <u>Gertrude Schmidt</u>	
		26. FUNERAL DIRECTOR'S SIGNATURE <u>D. L. Campbell</u>				26. FUNERAL DIRECTOR'S SIGNATURE <u>D. L. Campbell</u>	